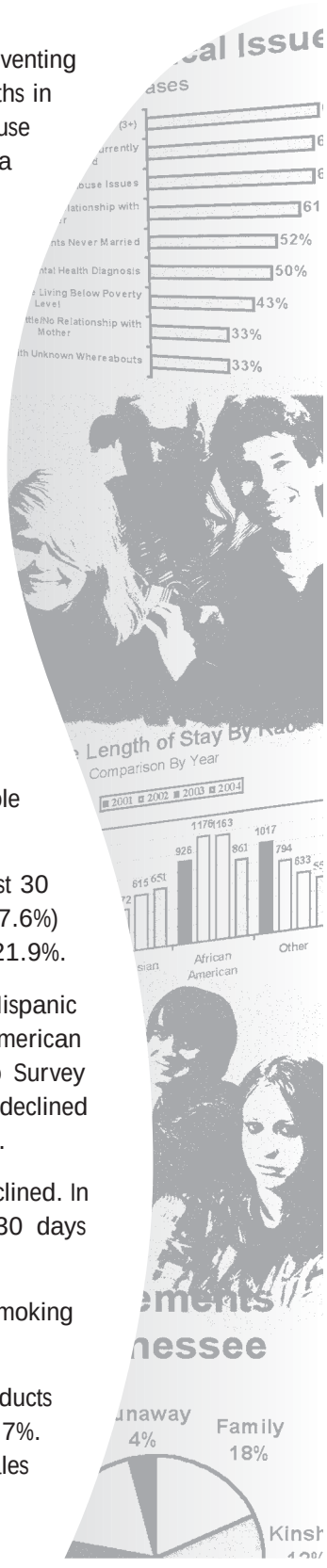
Summary Chapter VI

Tobacco-Free Youth and Young Adults

Tobacco use and subsequent addiction most frequently take root in adolescence. Preventing tobacco use among youth is critical to ensuring healthy adults. More than 20% of all deaths in the United States are attributable to tobacco, making tobacco use the chief preventable cause of death. Teens who smoke are also more likely than nonsmokers to use alcohol, marijuana and cocaine.



Tennessee Data

Every year, 14,600 Tennessee youth under 18 years of age become daily smokers. At this rate, 128,300 Tennessee youth alive today will die an early, preventable death because of a decision made as a child. Also, 488,000 youth are exposed to secondhand smoke at home and 21.7 million packs of cigarettes are bought or smoked by Tennessee youth each year. (Source: National Center for Tobacco-Free Kids, *The Toll of Tobacco in Tennessee* fact sheet, www.tobaccofreekids.org)

Currently, Tennessee is experiencing a decline in youth tobacco use; however, Tennessee continues to be above the national average in most categories.

- Tennessee has experienced a decline in the number of high school students who report ever trying a cigarette. A substantial decline (17.5%) in cigarette use among Tennessee adolescents was noted from 1993 (74.9%) to 2003 (61.8%). However, this is still higher than the national average of 58.4%. White males are most likely to try smoking (66.5%) compared to white females (60.3%), African-American males (59.8%), , and African-American females (50.2%).
- The proportion of young people ages 15 and younger who have smoked a whole cigarette decreased significantly from 1993 (59.3%) to 2003 (39.9%).
- Current cigarette use, as defined by one or more cigarettes smoked within the past 30 days, declined among Tennessee high school students from 1993 (32%) to 2003 (27.6%) which equates to 86,600 high school students. In 2003 the national average was 21.9%.
- Although results from the 1999 Tennessee Youth Tobacco Survey indicated that Hispanic students (61%) were much more likely than their white (46.5%) and African-American (30.5%) counterparts to be current smokers, the 2000 Tennessee Youth Tobacco Survey results showed the current smoking status rates of Hispanic students (39.2%) have declined as did the rates for white students (43.4%) and African-American students (28.7%).
- The percent of high school students who report smoking on school property also declined. In 1993, 15.5% had smoked at least once on school property during the past 30 days compared to 9% in 2003. This is a little higher than the national average of 8%.
- In 2003, 20% of Tennessee and U.S. high school students reported trying to quit smoking during the past 6 months.
- The percent of high school students who reported use of smokeless tobacco products declined significantly from 1993 (17.9%) to 2003 (12.1%). The national rate was 6.7%. High school males are much higher users (21.4%) than females (2.7%). White males are more frequent users (26.6%) than African-American males (4.7%).

- Even though Tennessee has a tobacco-free schools law (Children's Clean Indoor Air Act of 1994), 2003 data show that Tennessee high school students were more likely (7.5%) than their national counterparts (5.9%) to smoke or to use smokeless tobacco on school property. Since 1993 the percent of high school students who reported using smokeless tobacco on school property during the past 30 days declined from 11.4% to 7.5% in 2003. The national average was 5.9% in 2003.
- According to the 2000 Tennessee Youth Tobacco Survey, 23.4% of all middle school students (6th, 7th and 8th grades) currently use some kind of tobacco product compared to 15.1% nationally. Also, 16.6% of Tennessee middle school students currently smoke cigarettes compared to 11% nationally. (Tennessee middle school data are representative of all public middle schools in Tennessee except for Memphis/Shelby County.)
- According to results from the 2003 Tennessee Youth Risk Behavior Survey, high school students obtained cigarettes from:

8.1% indicated someone else bought them cigarettes

7.6% at store or gas station

5.8% borrowed or bummed them

2.3% some other way

2.0% a person 10 or older

1.3% took them from store/family

0.5% vending machine

Best Practices

- ***Parents*** – Ninety percent of adult smokers start smoking by the age of 18. Parents can give children specific facts about the effects of tobacco on health; discuss the subject of smoking when it appears on TV, in newspapers or in advertisements in magazines; focus on peer pressure and specific ways to deal with it; let children and youth know that smoking is unacceptable behavior and model good habits by not using tobacco or trying to quit.

- ***Schools*** – School personnel should not allow tobacco use on school grounds. The Children's Clean Indoor Air Act of 1994, passed by the Tennessee legislature, requires school districts to institute policies banning tobacco use. Assistance is available through the Tennessee Department of Health to all Tennessee schools and colleges interested in implementing tobacco prevention programs.

- ***Community*** – Programs like The National Cancer Institute's ASSIST (American Stop Smoking Intervention Study) Project have demonstrated that community-based programs reduce tobacco use. Because community involvement is essential to reducing tobacco use, a portion of the tobacco control funding should be provided to local government entities, community organizations, local businesses, and other community partners.

2✪1✪ Objectives

Reduce Use of Chewing Tobacco or Snuff

- By 2010, reduce the proportion of high school students who used chewing tobacco or snuff on one or more of the previous 30 days to 9.1%, from the 2003 baseline of 12.1%.

Reduce Use of Tobbacco

- By 2010, reduce tobacco use among high school students (those who smoked cigarettes on one or more of the previous 30 days) to 21%, from the 2003 baseline of 27.6%.

Websites

Campaign for Tobacco-Free Kids
www.tobaccofreekids.org

Centers for Disease Control and Prevention
www.cdc.gov

Institute of Medicine
www.iom.edu

Monitoring the Future
University of Michigan
www.monitoringthefuture.org

National Center for Tobacco-Free Kids
www.tobaccofreekids.org

National Spit Tobacco Education Program
www.nstep.org

Not on Tobacco: A Total Health Approach to Helping Teens Stop Smoking
American Lung Association
www.lungusa.org/school/not_teens.html

Office on Smoking and Health
www.cdc.gov/tobacco

Tobacco Information and Prevention Source (TIPS)
www.cdc.gov/tobacco

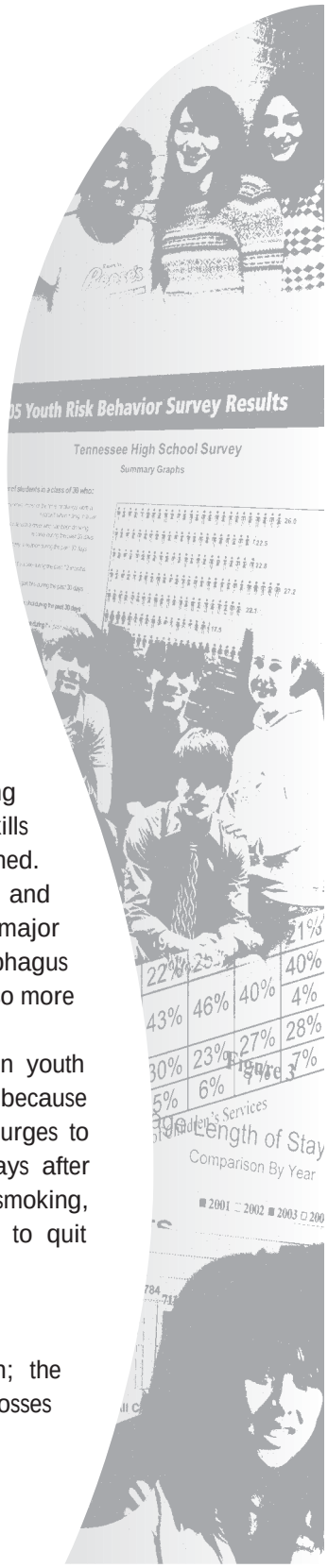
Chapter VI

Tobacco-Free Youth and Young Adults

Chapter Preview

This chapter includes a description of:

- Tobacco use among adolescents
- Prevention pays
- Smokeless tobacco usage and second-hand smoke
- Parenting tips
- National and state data
- Health disparities data
- Best practices
- State youth tobacco prevention programs
- Healthy People 2010 goals



Every year, 14,600 Tennessee youth under 18 years of age become daily smokers. At this rate, 128,300 Tennessee youth alive today will die an early, preventable death because of a decision made as a child.

Source: Campaign for Tobacco-Free Kids.

More than 20% of all deaths in the United States are attributable to tobacco, making tobacco use the chief preventable cause of death in the United States. Tobacco smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. Preventing tobacco use among youth is critical to ensuring healthy adults, because use and subsequent addiction most frequently take root in adolescence. Cigarette smoking is a major contributor to such conditions as heart disease; cancers of the lung, larynx, mouth, esophagus and bladder; stroke; and chronic obstructive pulmonary disease.[1] Teens who smoke are also more likely than nonsmokers to use alcohol, marijuana and cocaine.

Tennessee health advocates are very concerned about the influence of tobacco on youth because of the positive image of smoking that cigarette advertisers project to teens and because the nicotine in tobacco is so highly addictive. Addiction symptoms -including strong urges to smoke, anxiety, irritability and failure to quit - can appear within weeks or even days after occasional smoking begins. This means that the younger people are when they first try smoking, the higher their chances of becoming regular smokers and the less likely they are to quit successfully.[2]

Prevention Pays

Tennessee's annual bill for "smoking-caused health cost" is about $1.99 billion; the taxpayers' burden is approximately $579 per household. Smoking-caused productivity losses in Tennessee are estimated to be $2.62 billion.

Source: Campaign for Tobacco-Free Kids

Youth Tobacco Use

National Data

Results of the Centers for Disease Control and Prevention's (CDC's) 2004 National Youth Tobacco Survey finds that middle school and high school smoking rates were essentially unchanged from 2002 to 2004 after declining sharply since the mid-1990s. This development appears to have two main causes:

- Tobacco companies have greatly increased their marketing expenditures, especially on cigarette price discounts. This has undermined efforts to reduce smoking by increasing cigarette taxes;
- Funding for tobacco prevention programs, especially media campaigns, was cut at both the national and state levels from 2002 to 2004.[3]

A key finding of the CDC's report is that from 1997 to 2002, when youth smoking rates declined most sharply, the average retail price of cigarettes increased by 80%; but from 2002 to 2004, when smoking rates stagnated, the average retail price increased only 4%. This occurred even though many states increased their tobacco taxes during this time period.

The survey confirms the effectiveness of science-based measures long advocated by tobacco control advocates. When cigarette prices and tobacco prevention funding increased from 1997 to 2002, youth smoking rates declined sharply. When tobacco companies discounted cigarette prices and funding for prevention programs was cut from 2002 to 2004, the decline in youth smoking slowed or stopped.[4]

- About one third (34.5%) of high school students and about 15% of middle school students report current use of tobacco in any form.
- Male students consistently have higher rates of use for all tobacco products than do females; with regard to smokeless tobacco, males have much higher rate of use than females.
- White and Hispanic students are significantly more likely than African-American students to report current smoking.[5]
- Cigarettes generally have the highest prevalence among both middle school and high school students, followed by cigars and smokeless tobacco products.
- About 14% of male high school students report current use of smokeless tobacco products (spit tobacco and snuff).[6]
- One quarter (28.5%) of high school students report being current smokers, and 13.8% report being frequent smokers.
- About one-third of middle school students have tried a cigarette.[7]
- Current use of novelty tobacco products such as "bidis" and "kreteks" is an emerging public health problem among young people in the United States.[8]

Why Do Teens Smoke?

As with all risk behaviors, a number of variables are associated with tobacco use during adolescence. Some variables are demographic or environmental, such as age, gender, parental smoking, having relatives who use tobacco or cultural norms. Other variables, such as intent to use, having a best friend who smokes or poor school performance, are internally driven.

Ethnicity and culture play a critical role in influencing youth tobacco use and make it difficult to generalize about which risk and protective factors affect specific youth populations.[9] However, a study of the youth risk factor literature found that having a friend, relative or peers who smoke or use drugs appears to be a common variable for most minority youth groups.[10]

Tennessee Data

Healthy People 2010 Objective 27-02:

Reduce tobacco use by high school students

TN Students	1993	1999	2003	2010 Goal
	32%	37.5%	35.3%	21%

Source: Tennessee Youth Behavior Risk Survey 1993, 1999, 2003

Healthy People 2✪1✪ Progress

The percent of high school students who report tobacco use declined significantly from 1999 to 2003. However, there is still considerable work to be done to meet the Healthy People 2010 goal.

Health Disparities

- White males are most likely to try smoking (66.5%) compared to white females (60.3%), African-American males (59.8%), and African-American females (50.2%).
- White males are most likely to be regular smokers (24%) followed by white females (21.8%), African-American males (9.9%) and African-American females (6.9%).

Tennessee has experienced a sharp decline in the number of high school students who report ever trying a cigarette. In 1993, 74.9% of all high school students had tried cigarettes, whereas in 2003 it was down to 61.8%. However, this is still higher than the national average of 58.4%.

- The percent of Tennessee youth ages 15 and younger who have smoked a whole cigarette decreased significantly from 1993 (59.3%) to 2003 (39.9%).
- Current cigarette use, as defined by one or more cigarettes smoked within the past 30 days, declined among Tennessee high school students from 1993 (32%) to 2003 (27.6% which equates to 86,600 high school students). Tennessee students reported a much higher current use rate than the national 2003 average of 21.9%.
- The percent of high school students who smoked regularly (at least one per day for the past 30 days) declined significantly from 1993 (32.2%) to 2003 (19.6%).[11]
- According to results from the 1999 Tennessee Youth Tobacco Survey, Hispanic students (61%) were much more likely than their white (46.5%) and African-American (30.5%) counterparts to be current smokers. The 2000 Tennessee Youth Tobacco Survey results showed that the current smoking status rates of Hispanic students (39.2%) dropped dramatically, as did the rates for white students (43.4%) and African-American students (28.7%).[12]
- The percent of high school students who report smoking on school property also declined. In 1993 15.5% had smoked at least once on school property during the past 30 days compared to 9% in 2003. This is a little higher than the national average of 8%.
- In 2003, 20% of Tennessee and U.S. high school students reported trying to quit smoking during the past 6 months.
- Even though Tennessee has a tobacco-free schools law (Children's Clean Indoor Air Act of 1994), Tennessee high school students were more likely (7.5%) than their national counterparts (5.9%) to smoke or to use smokeless tobacco on school property.[13]
- According to the 2000 Tennessee Youth Tobacco Survey, 23.4% of all middle school students (6th, 7th and 8th grades) currently use some kind of tobacco product, 16.6% currently smoke cigarettes, and 6.9% currently use smokeless tobacco. (Middle school data are representative of all public middle schools in Tennessee except for Memphis/Shelby County.)[14]

According to results from the 2003 Tennessee Youth Risk Behavior Survey, high school students obtained cigarettes through the following means:

- 8.1% indicated someone else bought their cigarettes for them
- 7.6% purchased cigarettes at a store or gas station
- 5.8% borrowed or bummed cigarettes
- 2.3% obtained cigarettes some other way
- 2.0% purchased them from a person 10 or older

- 1.3% took cigarettes from store/family
- 0.5% bought them from a vending machine[15]

Smokeless Tobacco

The percent of Tennessee high school students who reported use of smokeless tobacco products declined significantly from 1993 (17.9%) to 2003 (12.1%). However, Tennessee high school students have a much higher use of smokeless tobacco products (12.1%) than their national peers (6.7%). High school males are much higher users (21.4%) than females (2.7%). White males are more frequent users (26.6%) than African-American males (4.7%). Since 1993 the percent of Tennessee high school students who reported using smokeless tobacco on school property during the past 30 days declined from 11.4% to 7.5% in 2003. The national average was 5.9% in 2003.[16]

Second Hand Smoke

Secondhand smoke is a combination of smoke in the air from a burning cigarette and the smoke exhaled by the smoker. Secondhand smoke is an issue because of the strong correlation between youth who smoke and their having friends or parents who smoke. Each year in Tennessee, approximately 488,000 children are exposed to secondhand smoke in their homes.[17]

Best Practices for Prevention

Best practices are those strategies, activities or approaches that have been shown through research and evaluation to be effective at preventing and/or delaying a risky/undesired health behavior or conversely, supporting and encouraging a healthy/desired behavior.

Essential elements of a Comprehensive State Tobacco Prevention Program

The following elements must all be included to maximize the success of any statewide program to reduce tobacco use. Conducted in isolation, each of these elements can reduce tobacco use, but done together they have a much more powerful impact.

- **Public Education Efforts:** Research has demonstrated that tobacco industry marketing increases the number of youth who try smoking and become regular smokers. One of the best ways to reduce the power of tobacco marketing is an intense campaign to counter these pro-smoking messages. These efforts must include multiple paid media (TV, radio, print, etc.), public relations, special events and promotions, and other efforts. Counter-marketing efforts should target both youth and adults with prevention and cessation messages. Any restrictions placed on the strategies used in these efforts will only hamper effectiveness.
- **Community-Based Programs:** Programs like The National Cancer Institute's ASSIST (American Stop Smoking Intervention Study) Project have demonstrated that community-based programs reduce tobacco use. Because community involvement is essential to reducing tobacco use, a portion of the tobacco control funding should be provided to local government entities, community organizations, local businesses, and other community partners. These groups can effectively engage in a number of tobacco prevention activities right where people live, work, play, and worship, including direct counseling for prevention and to help people quit, youth tobacco education programs, interventions for special populations, worksite programs, training for health professionals, and enforcement of local youth access ordinances. Criteria for eligibility and accountability must be established to ensure that community directed funds are spent on the most effective efforts.
- **Helping Smokers Quit (Cessation):** A comprehensive tobacco control program should not only encourage smokers to quit but also help them do it. Most smokers want to quit but have a very difficult time because nicotine is so powerfully addictive. To help these smokers, cessation products and services should be made more readily available and more affordable. Moreover, treatment programs are most effective when they utilize multiple interventions, including pharmacological treatments, clinician provided social support, and skills training. Cessation services can be provided through primary health care providers, schools, government agencies, community organizations, and telephone "quitlines." Staff training and technical assistance should be a part of all programs to treat tobacco addiction; and following the cessation guidelines from the Agency for Health Care Policy and Research will increase the effectiveness of any cessation efforts in clinical settings.

- **School-Based Programs:** School-based programs offer a way to prevent and reduce tobacco use among youth, especially when based on the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*. To operate most effectively, school-based programs must include curricula that have been shown to be effective, as well as tobacco-free policies, training for teachers, programs for parents, and cessation services. Students must learn not only the dangers of tobacco use but life skills, refusal skills, and media literacy in order to resist the influence of peers and tobacco marketers. It is also critical that the school programs be integrated with other community-based programs and with counter-marketing efforts.
- **Enforcement:** Enforcing laws prohibiting tobacco sales to youth and limiting exposure to secondhand smoke are essential elements of creating an environment conducive to reducing tobacco use. Enforcement efforts should include hotlines for reporting violators, frequent compliance checks, penalties for violators, and compliance enhancing education. Studies show that reducing youth access to tobacco products can reduce use and that establishing smoke-free workplaces, schools, and public areas can both reduce the amount people smoke and even prompt many smokers to quit. To increase tobacco control enforcement, funds must be provided to enforcement agencies to make sure other enforcement efforts are not compromised.
- **Monitoring and Evaluation:** Every element of a comprehensive tobacco control program should be rigorously evaluated throughout its existence. Programs/services should be based on available research and lessons learned from past efforts, and specifically designed to serve their targeted audiences effectively. Careful monitoring and evaluation methods should be builtinto the programs/services to provide the data necessary for continual improvement. Process measures should be developed to monitor the activities conducted under the program internally and externally, in order to block the misuse of funds and promote their most efficient and effective use. Regular measurements of key outcomes should also be conducted to assess progress and further improve their performance. Through all this evaluation work, each and all of the elements of a state's tobacco control initiative can be adjusted and improved to ensure that tobacco use declines as quickly and sharply as possible.
- **Related Policy Efforts:** Although the focus has been on the key programmatic elements of a tobacco prevention and cessation program, there are also additional policy initiatives that have been proven effective in reducing tobacco use -- especially as part of a comprehensive strategy. These policies, which can be undertaken at the state and local levels, include increases in cigarette excise taxes, restrictions on tobacco marketing to kids, increased penalties for selling tobacco to kids, and new restrictions on environmental tobacco smoke in public places.

Guiding Principles

Past experience with tobacco control efforts indicates that five principles should guide the development of a successful state program to prevent and reduce tobacco use:

· **It must be comprehensive**. Stopgap or partial measures will meet with only partial success. While research shows that a number of measures can reduce tobacco use, these elements work most effectively when they are combined in complementary fashion.

· **It must be well funded.** Unless properly financed, tobacco prevention will have little effect against the marketing efforts of the tobacco industry (over $8 billion each year). The Centers for Disease Control and Prevention (CDC) has issued funding guidelines for state

tobacco control programs, which can serve as a basis for planning.

· **It must be sustained over a long period of time**. While short-term attitudinal changes can occur relatively early, it will take years to achieve the significant behavioral and cultural changes necessary to reduce tobacco use substantially and maintain low levels. Reducing youth tobacco use by a third will only get us back to 1991 levels; thus, the effort must be a prolonged one. If tobacco control programs are not sustained over many years, the chances for success will be diminished, and any early gains may be lost in subsequent years. The early investment must be protected by sustaining the effort over time.

· **It must operate free and clear of political and tobacco industry influence.** History warns that the tobacco industry will employ every manner of tactics to divert money from tobacco prevention and to interfere with any tobacco prevention efforts that are undertaken. To avoid this tobacco industry sabotage, new tobacco control programs must be set up to be independent of these influences and insulated from them.

· **It must address high-risk and diverse populations.** The needs of special populations can and must be taken into account in designing and disseminating the various elements of the tobacco control program.[18]

Parents

The most effective way to reduce youth smoking is to prevent youth from starting to smoke in the first place. Ninety percent of smokers start smoking by the age of 18. Tobacco prevention education, early and often, is the best tool for prevention. When tobacco prevention education begins at home, school-based education is more effective.[19]

Parenting Tips

Talk about the real issues and give children specific facts about the effects of tobacco on health:

- Destroy the myth that everyone smokes.
- Discuss the subject of smoking when it appears on TV, in newspapers or in advertisements in magazines.
- Focus on peer pressure and specific ways to deal with it.
- Illustrate that the tobacco industry wants Americans to view tobacco use as normal and spends billions of dollars convincing the public that everyone does it.
- Tell children and youth that you do not want them to smoke and provide specific reasons.
- Teach youth how to make good decisions, arm them with resistance and conflict management skills and help them say "no" to peer pressure.
- Model good habits by not using tobacco. Family members who are smokers should try to quit and should talk to teens about their struggle to quit.
- Ask others who smoke to do it outside or away from children.
- Know the tobacco laws and let young people and retailers know that they are important.
- Talk about addictions, encourage them to quit and support their ongoing efforts if a young person has already tried or currently uses, tobacco.

Prevention Pays

An evaluated, school-based tobacco prevention program (10 hour-long lesson intervention curriculum, delivered by trained health educators to 7th grade students with a two-session booster curriculum in 8th grade) was estimated to cost $13.29 per student. Based on studies that show that lifetime costs are $9,379 more for a smoker than for a nonsmoker, the researchers pointed out that preventing even a small number of students from becoming smokers saved tens of thousands of dollars in medical expenditures alone. Savings to society from preventing premature deaths and increasing the quality of life (such as avoiding hospitalizations and disability) saved an additional $2,770 per year of life saved.[20]

Schools

Given the early age at which children form attitudes about tobacco and begin using tobacco products, researchers believe that tobacco use prevention education should start early in life and include programs in elementary, middle and high school grades.[21]

Tennessee Tobacco Use and Prevention Control Program

The Tobacco Use Prevention and Control Program, within the Community Services Section of the Tennessee Department of Health, is responsible for coordinating the

tobacco prevention efforts across the state. The goals of the program are to:

- Prevent the initiation of tobacco use among young people
- Promote quitting among all tobacco users
- Eliminate non-smoker's exposure to environmental tobacco smoke (ETS) and
- Identify and eliminate the disparities related to tobacco use.

The focus of the program is to provide support to communities to mobilize, build capacity, effect environmental change, and to support non-tobacco use. The Tobacco Use Control and Prevention Program collaborates with the Campaign for a Healthy and Responsible Tennessee (CHART) which includes 50 organizations including the American Cancer Society, American Heart Association, American Lung Association, and local County Health Departments to name a few.

The Tennessee Tobacco Use Prevention and Control Program's goals are interwoven into the Governor's and Commissioner of Health's "Better Health: It's About Time" initiative, aimed at encouraging Tennesseans to take charge of their health. The initiative focuses on Tennessee citizens taking charge of their own health and adopting healthier lifestyles. Most programs associated with this initiative include tobacco cessation as a strategy to reach their outcome objectives.

The Tennessee Tobacco Use Prevention and Control Program currently funds twelve (12) regions across the state to work in tobacco prevention efforts. Pursuant to the directive of the Centers for Disease Control and Prevention (CDC), the Tennessee Department of Health is currently conducting a regional Youth Tobacco Survey (YTS). The YTS will provide surveys for students in grades 6-8 with respect to prevalence of tobacco use (cigarettes, smokeless tobacco, cigars and pipes); minors' access and enforcement; knowledge and attitudes; media and advertising; school curriculum; environmental tobacco exposure; and cessation. The data collected from the 2004 YTS will assist in enhancing Tennessee's capacity to design, implement and evaluate the youth component of the Tobacco Use Prevention and Control Program.

In addition, tobacco coordinators across Tennessee continuously work with schools in their respective counties to encourage the enforcement of smoke-free campuses during school hours as well as during all school sponsored events. As a result many schools are instituting new policies that regulate where faculty, staff and visitors may smoke in an effort to place smoking out of the sight of the students. Through a partnership with the Tennessee Department of Agriculture, names of retailers that sell tobacco to minors will be published; a policy is in the works to publish this list in local media and on the Department of Health's website.

The Tobacco Use Prevention and Control Program encourages the use of the North American Quitline Consortium (NAQC) toll free (1-800-QUIT-NOW) (800-784-8669) number for people who want to access telephone cessation services to support their efforts to quit smoking. Calls in Tennessee are currently being routed to the National Cancer Institute's (NCI), Cancer Information Service (CIS).

End Notes

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2. SA Khuder et al., "Age at smoking onset and its effect on smoking cessation, "*Addictive Behavior* 24(5): 673-677 (1999); National Center for Tobacco Free Kids, *The Path to Smoking Addiction Starts at Very Young Ages* (2002).
3. MMWR, April 1, 2005, 54(12); 297-301, *Tobacco Use, Access and Exposure to Tobacco in Media Among Middle and High School Students –United States, 2004*
4. Centers for Disease Control and Prevention, *Tobacco Use, Access, and Exposure to Tobacco in Media Among Middle and High School Students – United States*, 2004, MMWR Weekly, April 1, 2005 / 54 (12); 297 301. (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5412a1.htm)
5. The prevalence of smoking among Hispanic youth is especially troubling, because, nationally, lung cancer is the leading cause of death among Hispanics. See e.g., Tobacco Information and Prevention Source, *Hispanics*

and Tobacco (2002).
6. National Center for Tobacco Free Kids, *Spit (Smokeless) Tobacco and Kids* (2002); National Spit Tobacco Education Program, http://www.nstep.org/nstep.shtm.
7. Office of Smoking and Health, "Youth tobacco surveillance," see note 1.
8. Bidis are small, brown, hand-rolled cigarettes primarily made in India and other Southeast Asian countries. In the United States, bidis are purchased for $1.50-$4.00 for a package of 20 and are available in different flavors (e.g., cherry, chocolate and mango). Kreteks are clove flavored cigarettes, also from India. Centers for Disease Control and Prevention, "Tobacco use among middle school and high school students – United States, 1999," *MMWR* 49(3): 49-53 (2000); Centers for Disease Control and Prevention, "Bidi use among urban youth – Massachusetts, March-April 1999," *MMWR* 48(36): 796-799 (1999).
9. Tobacco Education and Prevention Source, Tobacco Use among U.S. Racial/Ethnic Minority Groups: African-American, American Indians and Alaska Natives, Asian Americans and Pacific Islanders and Hispanics: A Report of the Surgeon General (1998).
10. SP Robbins and J Mikow, Alcohol, Tobacco and Other Drug Use Among Minority Youth: Implications for the Design and Implementation of Prevention Programs, Center for the Study of Youth Policy, University of Pennsylvania (2000).
11. Tennessee Youth Risk Behavior Survey, 1999 and 2003.
12. 1999 and 2000 Tennessee Youth Tobacco Survey.
13. 2003 Tennessee Youth Risk Behavior Survey, 2003 U.S. Youth Risk Behavior Survey.
14. 2000 Tennessee Youth Tobacco Survey.
15. 2003 Tennessee Youth Risk Behavior Survey.
16. 1999 and 2003 Tennessee Youth Risk Behavior Survey, 2003 U.S. Youth Risk Behavior Survey.
17. National Center for Tobacco-Free Kids, The Toll of Tobacco in Tennessee Fact Sheet, www.tobaccofreekids.org.
18. *Essential Elements of a Comprehensive State Tobacco Prevention Program* Fact Sheet, National Center for Tobacco-Free Kids, June 25, 2001, www.tobaccofreekids.org.
19. See, e.g., State Tobacco Education and Prevention Partnership, Prevention Tips (no date); National Center for Tobacco-Free Kids, *How Parents Can Protect Their Kids from Becoming Addicted Smokers* (2001).
20. Li Yan Wang et al., "Cost-effectiveness of a school-based tobacco-use prevention program," *Archives of Pediatrics and Adolescent Medicine* 155(9): 1043-1050 (2001).
21. Centers for Disease Control and Prevention, "Guidelines for school health programs to prevent tobacco use and addiction," *MMWR* 43(RR2): 1-18 (2002). The CDC's guidelines identify two curricula with the most credible evidence of sustained impact on youth smoking rates.